

SAF INJ/DAM

- Approve - non combatant \$1500-
- death & car damage

DR-T1055

CENTCOM 016565

Death certificate: No. (b)(6) dated 02-04-07

Name: (b)(6)

Tragic event in address: (b)(6)

(b)(6)

Baghdad Baghdad

Date of death: 02-02-2007 (b)(6)

Cause of death: Fire shots and burning of the body according to the decision of the judge and the post office.

Standard Form 1034 (EG) Revised October 1967 Department of the Treasury 1750-4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 24th FMC Camp Liberty, Iraq APO-AE 09344 DSSN: 5579			10 DATE VOUCHER PREPARED 03-Aug-08		SCHEDULE NO.	
			CONTRACT NUMBER AND DATE		PAID BY 24th FMC Camp Liberty, Iraq APO AE 09344 DSSN: 5579	
PAYEE'S NAME AND ADDRESS CLAIM #: 08-1K5-T1055 (b)(6)			REQUISITION NUMBER AND DATE		DATE INVOICE RECEIVED	
					DISCOUNT TERMS	
					PAYEE'S ACCOUNT NUMBER	
					GOVERNMENT BL. NUMBER	
SHIPPED FROM		TO	WEIGHT			
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE COST PER		AMOUNT
		In full settlement of the amount allowed by the Secretary of the Army, or an officer duly designated for such purposes under authority of 31 U.S.C. 3721 and AR 27-20, Chapter 10, upon the claim of the above named claimant for property damaged, lost, destroyed, captured, or abandoned in service.				\$15,000.00
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)					TOTAL	\$15,000.00
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES		
<input type="checkbox"/> PROVISIONAL		= \$	= \$1.00			
<input checked="" type="checkbox"/> COMPLETE		(b)(6)				
<input type="checkbox"/> PARTIAL						
<input type="checkbox"/> FINAL						
<input type="checkbox"/> PROGRESS		TITLE SFC, US				
<input type="checkbox"/> ADVANCE		Pay Agent				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.						
		CPT (b)(6)			Foreign Claims Commission IK5	
(Date)		(Authorized Certifying Officer)	(Title)			
ACCOUNTING CLASSIFICATION						
(b)(2)High					\$15,000.00	
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)		
	CASH	DATE	PAYEE			
	\$15,000.00	11 AUG 08	(b)(6)	(b)(6)		
<small> *When stated in foreign currency, insert name of currency. † If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. ‡ Within a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. </small>						

Previous edition usable

NSN 7540-00-900-2334

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

CENTCOM 016567

29085



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY

Headquarters, 3d Brigade Combat Team
101st Airborne Division (Air Assault)
Camp Striker, Iraq, APO AE 09322

AFZB-KC-JA

03-Aug-08

MEMORANDUM FOR RECORD

SUBJECT: Action on Claim of (b)(6)
08-IK5-T1055 / 346-5

1. Facts.

The claimant alleges that CF shot at his wife while she was driving, killing her and destroying the vehicle.

Claimant has requested \$15,000.00

2. Opinion. In order to form a basis for a claim under the FCA, it must be shown that the incident occurred outside the United States, and that it was caused by noncombatant activities of the United States Armed Forces or by the negligent or wrongful acts of military members or civilian employees of the Armed Forces. The claim packet contained credible evidence of damage caused by US forces not involved in combat operations.

3. Authority. The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.

4. Action. Settle this claim in the amount of \$15,000.00

(b)(3), (b)(6)

CP1, JA
Claim Attorney IK5

CENTCOM 016568

Serial Number Accountability Record

The purpose of this form is to record the serial numbers on USD \$100 notes thereby providing a tracing mechanism to the recipient. Pay agents should turn this form in to their respective finance offices as part of the reconciliation process. Finance offices should retain this original attached to the original packets submitted by all paying agents upon clearing.

DATE OF TRANSFER: 11 Aug 08

PAY AGENT NAME: SFC (b)(3),(b)(6)

NAME OF IRAQI FIRM BEING PAID:

NAME OF PERSON ACCEPTING PAYMENT ON BEHALF OF FIRM:

(b)(6)

Print given name, father's name, grandfather's name, tribal name

Serial Number:

(b)(6) _____ through (b)(6) _____ and,
_____ through _____ and,
_____ through _____ and,
_____ through _____ and,
_____ through _____

* Use additional forms if needed.

CENTCOM 016569



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, 3D BRIGADE COMBAT TEAM
101ST AIRBORNE DIVISION (AIR ASSAULT)
CAMP STRIKER, IRAQ
APO AE 09322



AFZB-KC-JA

3 August 2008

Foreign Claims Commission: IK5

RE: (b)(6) 08-IK5-T1055 / 346-5

Dear Claimant:

You have submitted a claim seeking compensation for the alleged loss of your wife. I have thoroughly reviewed your claim pursuant to the Foreign Claims Act (FCA) Title 10, USC §2734, Army Regulation 27-20, and Department of the Army Pamphlet 27-162 Claims Procedures.

Your damages are of great concern to the United States. In accordance with the cited references and the facts our investigation into your claim, I find your claim is **compensable**. **The United States will compensate you for your losses in the amount of \$15,000.00.**

If you are dissatisfied with this decision and wish to present additional evidence, you have thirty (30) days submit and appeal in accordance with AR 27-20.

عزيزي مقدم الطلب

لقد قدمت مطالبة للحصول على التعويضات عن الاضرار المزعومة والتي لحقت بالامتلاكات الشخصية الخاصة بك, تنظيم الجيش 27-20 و ادارة شؤون US وقد قمت بمراجعة طبعك وبدقة وفقا لقانون المطالبات الخارجية المعنون 10, 2734 الجيش 27-162 من اجراءات المطالبة.

ان الاضرار الخاصة بك تعتبر محط اهتمام لشعب الولايات المتحدة, وفقا للوقائع المذكورة في طلبك ومن خلال التحقيق اجد ان طلبك قابل للتعويض 15,000.00.

اذا كنت غير راض عن هذا القرار و ترغب في تقديم ادلة اضافية, لديك ثلاثين يوما (30) و يقدم الطعن وفقا للمادة (27-20) من قانون الجيش. AR

Sincerely,

(b)(3),(b)(6)

(b)(6)

Captain, US Army
Claims Attorney, IK5

CENTCOM 016570

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THE GIC OPINION ABOUT A CLAIM

(b)(6)

Case No (b)(6)

1. The claimant presented investigation documents and death certificate all supported that the victim (the claimant's wife) burned inside the car because of gunshots.
2. The certificate of death said the reason of death is (body burned inside car because of US Army open fire on it.)
3. The claimant asks compensation amount \$ **15,000**.
4. We are suggesting give him the same amount what he asks.

With our respect,

(b)(6)

LAWYER

(b)(6)

14 June 08

(b)(6)

MANAGER

(b)(6)

CENTCOM 016571

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Claims Form



To: United States Government
From: Name: (b)(6)

Address: Baghdad (b)(6)

Iraqi ID No (b)(6)

I am

- a. A citizen and national of: Iraq
- b. A permanent resident of:
- c. Employed by:
- d. Check one () an insurer () Not an insurer
- e. Check one () A subrogate () Not a subrogate

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address and Telephone Number)

M. N. F.

The property damaged is owned by: (If the claim is made as an agent, parent, or guardian, attach a power of attorney or other evidence of authority and fill in the form below for party sustaining the damage or injuries.)

My claim arose at - Dorrah (Town) Bag. (City) Iraq (Country)

My claim arose on - Feb. (Month) 2 (Day) 007 (Year)

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

on 2 Feb 007 the US Army open fire on my wife when she was driving which led to burn the car and killed her, so that I ask for compensation.

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Describe nature and extent of property damage or personal injury sustained as result because of the above incident.

Killing my wife

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

<u>Item</u>	<u>Amount</u>
1-	
2-	for the death of my wife \$ 15,000
3-	
4-	
5-	
6-	

Total: \$15,000

I was insured to the following extent against the damager or injuries I have sustained:

The name and address of my insurer (if any) is:

(Name)	(Address)

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 15,000 local 18,000,000 ID

(b)(6)

(Signature of Claimant)

Subscribed before me this 25 day of May 2008

(b)(6)

(SIGNATURE)

(PRINT NAME)

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Pages 10 through 11 redacted for the following reasons:

(b)(6), Foreign Language
Foreign Language, (b)(6)



"THE CLAIM'S CONTAINS"

The Claimant name:-

(b)(6)

① certificate of death

② investigation papers from Abu Ghreib
police station.

③ Marriage documents.

④ Iraqi documents

[Handwritten signature]

SIGN; -----

NAME; -----

DATE; -----

Pages 13 through 17 redacted for the following reasons:

(b)(6), Foreign Language

Investigating Court in Abo gharib 02-04-2007

testimonies ~~to~~ of the claimants! (b)(6)

in (b)(6) wife!

On the date of yesterday. My mother
(b)(6) and the wife of my brother
no name is (b)(6) to opened
fire by the U.S. Forces in the district of
AL-DORA the accident led to the burning
of the vehicle, and at the time they are
inside it, and the complete burning of their
bodies. We cannot register the accident
in the police office of Aldora, we came
to the Abo Gharib Police office to register
the accident, and the bodies right now
in Abo Gharib Hospital, and because my
father has been died from time ago - I
come here to claim against the U.S. Forces,
I ~~ask~~ am asking you to give me the dead
bodies of the killed women. I am asking
compensation

sig. & stamp of court
and the judge

sig of the
claimant

(b)(6)

(b)(6)

Page 19 redacted for the following reason:

(b)(6), Foreign Language Text

Abo Gharib Investigation Court

date: 02-04-2007

claim: - for the claimant:

(b)(6)

(b)(6)

live in Abo Gharib.

he testifies in front of the investigating judge by the following.

On the date of yesterday. My killed daughter and her aunt who killed

(b)(6)

also her name is

(b)(6)

They got

fire shots by the U.S. Army in Dura District, which led to the vehicle to be destroyed and burned completely, and the two mentioned names ladies were inside it, so they burned out, and the reason we did not register the accident in Dura area because of security condition, so I came here to Abo Gharib Police office to register the accident, and the burned ladies right now are in the Abo Gharib Hospital. I am asking compensation and claim from the U.S. and asking you to handle me the ladies and that is my testimony.

acc. of the judge

(b)(6)

sig. of the claimant

(b)(6)

stamp of the cou

Pages 21 through 22 redacted for the following reasons:

(b)(6), Foreign Language

Ministry of Interior affairs

Memo.

No:

(b)(6)

Dated: 02-03-2007

To All check points

Subject Transfer of Body

Will you please help in making the transfer of the body of

(b)(6)

which got to be killed by mistake by the U.S. Forces which led to its burning inside the car, in the area of Dora Baghdad on the date of 02-02-2007. please make it easy to transfer them to the holy city of Najaf to be buried there. Thank you

enclosed is

photos for the car and the body

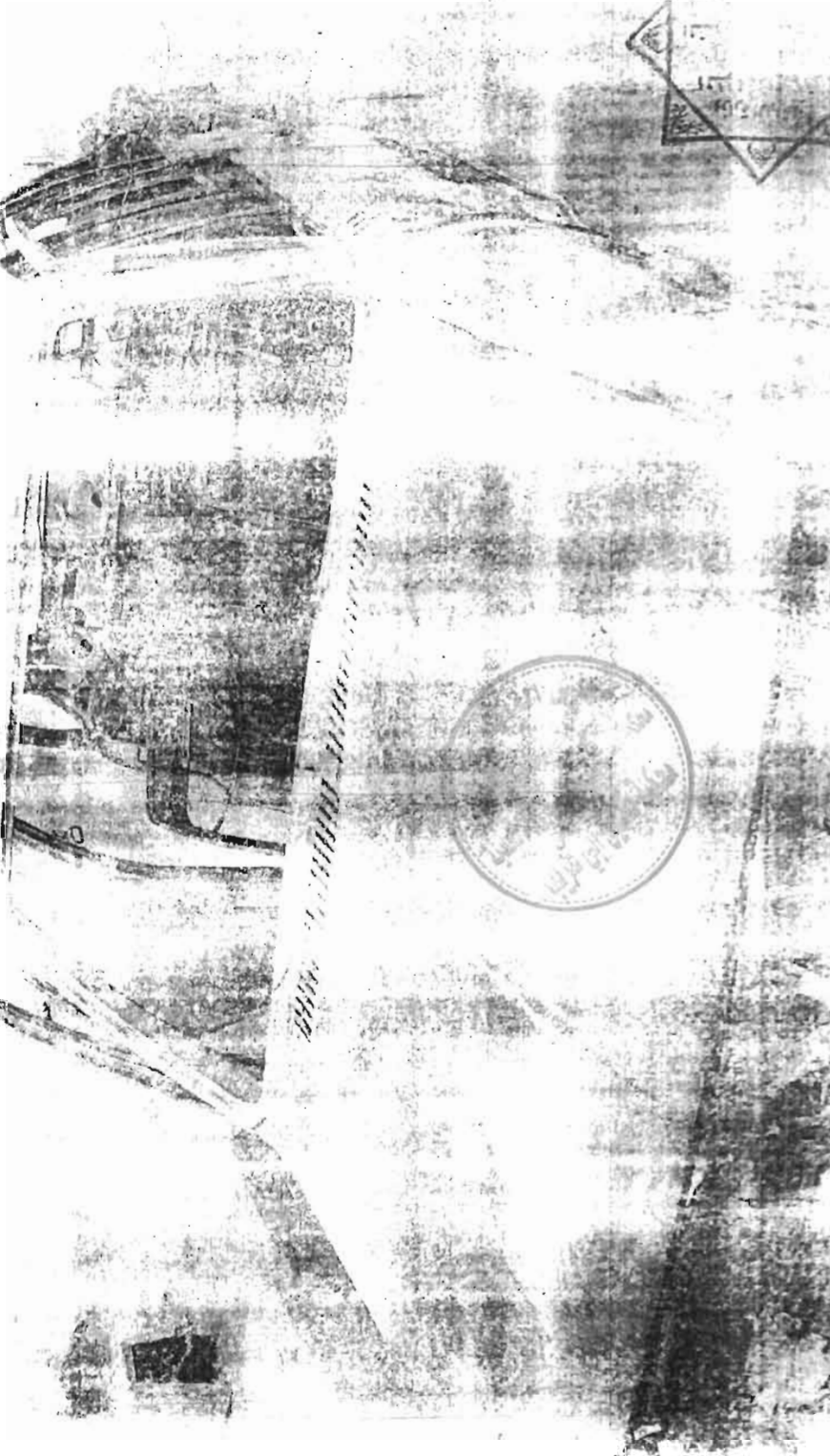
sig. & stamp
of the office
02-03-2007

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Pages 24 through 26 redacted for the following reasons:

(b)(6)

(b)(6), Foreign Language Text



(b)(6)

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The appeal consist of Baghkead-AL-1502KH
court of Personal Affairs in Rajasthan
Fecder No 1 (b)(6) To all (b)(6)

marriage agreement.

I am the holder of Personal Affairs

(b)(6)

holds the no. in

(b)(6)

Present in my office

(b)(6)

and the lady

(b)(6)

(b)(6)

and they are in good health they
The medical report they submitted and I signed
and accept their marriage. On the date of

28 of the July (b)(6)

Page 29 redacted for the following reason:

(b)(6), Foreign Language Text

Personal ID Card. No: 012 15 240 read 0206.05
Name: (b)(6)
Grade: MAJ (b)(6)
Place and date of Birth: (b)(6)

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Page 31 redacted for the following reason:

(b)(6), Foreign Language Text

claim for Mrs

line in Baghdad:

description of the accident:

(b)(6)

(b)(6)

On the date of 02-02-2007 in the area
district. My wife got fired shot by the
U.S. Forces which led to the killed and
the burning of the vehicle which was inside
it. I am asking compensation for \$ 15,000.00

559 of the

claimant

04-19-2008

Page 33 redacted for the following reason:

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

(b)(6), Foreign Language Text

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(b)(6), Foreign Language Text



Foreign Language Text, (b)(6)



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Page 36 redacted for the following reason:

(b)(6), Foreign Language Text